
County Borough of Reading

# ANNUAL REPORT

OF THE

# Principal School Medical Officer

FOR THE YEAR

# 1962

By

E. HUGHES, M.D., D.P.H., D.P.A.

COUNTY BOROUGH OF READING

# ANNUAL REPORT

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## 1962

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# READING EDUCATION COMMITTEE

**(as at 31st December, 1962)**

HIS WORSHIP THE MAYOR (Alderman Etienne Cyril Ernest Barrett)

**Aldermen:**

WILLIAM WYKEHAM EDWARD BADNALL
EDITH ELLA LOVETT (Vice-Chairman)
EDWARD ALBERT BUSBY (Chairman
EDWARD THOMAS WALTHAM

**Councillors:**

ARTHUR HENRY BAKER
NORMAN HENRY BROWN
CHARLES EDWARD BUCK
BARBARA JOAN HUNT
DENNIS HERBERT CHARLES JEFFERSON
HERBERT WILLIAM LEE
GEORGE MACKNESS PETTIT
JOHN REES PRICE
ROBERT GEORGE FRED STARKS
DAVID LEONARD STODDART
ALEXANDRIA GEORGIS ANDERSON STURROCK
FRANCIS TAYLOR
WILFRED JOHN WILD

**Co-opted Members:**

The Rev. Father P. A. COLLINS
The Rev. R. J. HALL
The Rev. R. S. PARKES
The Vice-Chancellor, University of Reading (SIR JOHN WOLFENDEN, C.B.E.)
Professor C. H. DOBINSON
Mr. E. F. ALLWOOD, J.P., B.SC.
Mr. V. F. CARTER
Dr. W. C. COSTIN, O.B.E.
Mr. F. PHILLIPS
Miss M. B. HOBBS
Mrs. H. D. KAY

# STAFF AT 31st DECEMBER, 1962

**Principal School Medical Officer:**

E. HUGHES, M.D., D.P.H.

**Deputy Principal School Medical Officer:**

P. K. SYLVESTER, M.B., B.S., D.P.H., D.C.H., D(OSBT.) R.C.O.G.

**Senior Assistant Medical Officer:**

G. V. GRIFFIN, M.B., B.S., D.P.H.
(Commenced 9.7.62)

**School Medical Officers:**

VIOLET FRASER, M.B., B.S., M.R.C.S., L.R.C.P.

ETHEL AMY FISHER, M.SC., M.B., B.CH., D.R.C.O.G.

J. O. LLOYD-JONES, M.R.C.S., L.R.C.P., D(OBST) R.C.O.G., D.P.H.
(Returned to full-time duty from D.P.H. Course 1.7.62)

G. S. SORRIE, M.B., CH.B.
(Commenced and seconded to D.P.H. Course, 1.10.62)

**Principal Dental Officer:**

J. CAMPBELL, L.D.S., R.C.S. (ED).

**Assistant Dental Officers:**

Mrs. P. SERINIYOM, B.D.S. (E.D.) (Commenced 3.12.62)

A. D. VALENTINE, B.D.S., (LDN.) (Commenced 1.11.62) (Part-time)

**Superintendent Health Visitor and School Nurse:**

Miss M. WEBBER, S.R.N., S.C.M., H.V.

**Group Advisors:**

Miss J. N. MARSH, S.R.N., S.C.M., H.V.

Miss E. FEW S.R.N., S.C.M., H.V.

Miss F. M. GATES, S.R.N., S.C.M., H.V.

**School Nurses:**

*Miss J. FIELD
*Miss M. GRANT
Mrs. J. GRIFFIN (Part-time)
*Miss S. C. HANSFORD
*Miss B. HEATHCOTE
*Miss P. HONEYBALL (commenced 8.8.62)
Mrs. H. KING
Mrs. J. LEWIS (Part-time)
Mrs. E. MABEY
*Miss H. A. MORTIMER
Miss M. A. PLATT
Mrs. T. PORTER
*Miss J. SMITH
*Mrs. C. D. SWATTON
*Miss G. E. THOMAS
Mrs. J. M. WARWICK (commenced 2.1.62)
*Miss B. H. WHITE
*Miss M. J. WILLIAMSON

*Denotes combined Health Visiting and School Nursing Duties

**Speech Therapists:**

Mrs. A. ELSBURY, L.C.S.T. (Senior) (Part-time)

Miss C. LEESON, L.C.S.T.

Mrs. M. McCONNEL, L.C.S.T. (Commenced 18.9.62) (Part-time)

Miss L. M. SIMPSON (Commenced 12.11.62)

**Oral Hygienist:**

Mrs. V. TAYLOR

**Physiotherapist:**

Mrs. M. ANTSCHERL

**Chiropodist:**

Miss D. LOCKLEY

**Clinic Assistants:**

Mrs. D. BOXALL
Miss B. J. McMANUS

**Senior Clerk:**

Mr. N. MASKELL

# READING SCHOOL HEALTH SERVICE

## To the Chairman and Members of the Education Committee

Ladies and Gentlemen,

I have the honour to present my report on the School Health Service for the year ended December 31st, 1962. I hope that members will find time to read the body of the report since it contains many items of interest and importance. In this introduction I will make reference only to certain items which appear to be of special interest.

The School Health Service has many roles; one of the most important is to act as a bridge between doctors in general practice or in hospital practice, who deal with the purely medical or clinical care of a child, and the teacher who deals with the teaching of that child. It is for this reason that I consider that special training and knowledge and certainly a special approach, are required of all of us who work in the School Health Service. On the medical side our work often lies in the shadowy border-country of normality and it is often difficult, and often requires prolonged observation, to decide whether or not a given child is going to require some form of special education. The work of the school doctors requires close co-operation with the hospital doctor, with the general practitioner, and with the teachers. I consider that we are fortunate in Reading that this co-operation exists and the knowledge of one member of our group is always at the disposal of members of the other groups should it be requested.

The value of this co-operation can be seen in our scheme for the ascertainment and education of deaf and partially hearing children. The Borough's work in this field is well known to members of the Committee and I will not weary you with repetition, but I would like to draw attention to the apparent reduction in conductive deafness, i.e. deafness which generally occurs as the result of some infection of the ear passages. It is too early to be dogmatic on this subject, but it may well be that it is the result of our system of routine testing of the hearing of young children and the referral of suitable cases to Mr. Hunt Williams for what is known as "aural toilet". It is curious that those who have taken part in a campaign against removal of tonsils and adenoids in the past seem to have omitted to make assessment of the possible damage to hearing as a result of not removing tonsils and adenoids. I admit that this is a controversial subject, but I hope that we can produce some interesting information as time goes by.

This leads me to mention a matter which is of great importance. My responsibility as Principal School Medical Officer for the detection and training of deaf children commences when the child is aged 2 and continues until he leaves school. Medical responsibility for the care of deaf children before the age of 2 and after they have left school lies with the Health Committee and with my post as Medical Officer of Health and Chief Welfare Officer. Fortunately we have been able to develop a

satisfactory combination of these duties with the help of the teachers for the deaf, led by Mr. Ling, who have displayed great interest in the very young children and in children who are about to leave school. The appointment of a fourth teacher of the deaf in the Autumn of 1963 will certainly improve our present arrangements and should, eventually, provide the teachers with a wider field of experience and of interest.

At this juncture I need hardly say that we received the news of Mr. Ling's appointment in Canada with very mixed feelings. They were feelings of gratitude to him for the great work he has done in Reading, and feelings of satisfaction that he had obtained a post worthy of his mettle. Mr. Ling came here at the inauguration of our scheme when some of our ideas were regarded with scepticism in some quarters and when all our work was in the formative stage. We in this Department will be ever grateful to Mr. Ling for the great enthusiasm which he displayed and for the way in which he co-operated with School Health Service.

This is also a convenient moment to refer to the resignation of Dr. Lockett early in 1962. Dr. Lockett was Senior Assistant Medical Officer, with special responsibilities for the School Health Service, and in the execution of this work he worked closely with Mr. Ling. We all wish him success in his work in Wiltshire.

Another field of work which I consider to be of importance, although it has not attracted so much public attention, is our scheme for the routine testing of the vision of school children of certain ages, in addition to testing at periodic medical inspections. Thus we make special tests at the ages of 13, 9, 8 and 7; these tests, in addition to those carried out at routine medical inspections, revealed that 7% had some defect of vision and in 1.8% it was considered justifiable to refer the child straight away for specialist ophthalmic examination.

In discussing defects of hearing and of vision, I have been discussing two matters which can retard a child's education because they interfere with communication between a child and his teacher or vice versa. There is a third—and more obvious defect in communication—I refer of course, to defect in speech. A child with a severe speech defect has difficulty in making his needs known and may easily be rated as a child of retarded mental development. Mrs. Elsbury has included an interesting note on some of these children and makes the suggestion that it is justifiable to start a special class for such children when they are young—preferably in a school with a nursery or nursery class attached to it. May I commend this suggestion to the Committee and ask for their support. I would remind some of the newer members that our work for deaf children started with just such an idea. We learnt by a process of evolution and experimentation and our work has completely justified itself. I well remember that there were doubters and critics in those early days—some even said that we were exaggerating the extent of the problem. I have a feeling that this sort of experience might well be repeated if and when we can start our special unit for children with speech defects. There is no doubt that the more we go into these cases the more complex do we find these difficulties of communication to be—in some cases a defect of hearing may be the main cause, in others it may be a neurological condition, in others it may be a psychogenic condition. Fortunately the numbers are not large but the cases themselves are difficult in the extreme. I am sure that the

establishment of a unit such as I have mentioned would be of very practical assistance to some of the children. It would of course, be very much of a combined effort—but I am sure that I would have the support of doctors who work in other fields of medicine and of the teachers in the Borough.

So far, I have discussed only part of the interesting work which is being carried out by the School Health Service, but unfortunately more could and should be done, if we had the staff. Although there was some slight improvement in the number of dentists employed at the end of the year, the position is still unsatisfactory. In the small number of children whom it was possible to inspect, it was found that over half of them required some form of dental treatment.

The shortage of medical staff continues, one result of this was that a certain number of schools had virtually no medical supervision during the year. I referred to the reluctance of members of the major professions to enter local government employment in my report to the Health Committee last year, and I shall be doing so again this year. In my report last year I made certain adverse comments about the facilities provided in some of our new schools for carrying out medical inspections and allied work. The Committee will be interested to know that an informal visit was paid by one of the Ministry's Officers who agreed with my criticism of much of the accommodation provided. Unfortunately there has been no official visit from the Ministry of Education to consider this particular matter, as requested in my report last year. However much more work could have been done, I do feel that quite a lot was done by the School Health Service during the year in playing its important, although unspectacular part, in furthering the better education and educatability of the children of the Borough.

I have mentioned co-operation before in this introduction, and I make no apology for mentioning it again. We have received great help from Mr. Thomas, the Chief Education Officer, his headquarters staff, and all his teachers. My own staff have given me all help possible, in particular Dr. Griffin who succeeded Dr. Lockett as Senior Assistant Medical Officer of Health and School Medical Officer. Dr. Griffin has been responsible for the completion of the body of this report.

Lastly, I must thank all members of the Welfare Sub-Committee for their interest in the work of the Department throughout the year.

I am,

Your obedient servant,

E. HUGHES,

*Principal School Medical Officer*

## ESTIMATES OF THE NUMBERS OF CHILDREN OVER 5 YEARS AND UNDER 15 YEARS OF AGE IN THE NEXT FIVE YEARS

| | Secondary | | | Junior | | | Infants | | | Totals | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Secondary 11 to 14 years | Increase or Decrease | Cumulative Increase or Decrease | Junior 7 to 10 years | Increase or Decrease | Cumulative Increase or Decrease | Infants 5 & 6 years | Increase or Decrease | Cumulative Increase or Decrease | Totals 5 to 15 years | Increase or Decrease | Cumulative Increase or Decrease |
| 31st August, 1962 | 7,081 | — | — | 6,580 | — | — | 3,458 | — | — | 17,119 | — | — |
| 31st August, 1963 | 6,862 | —219 | —219 | 6,544 | —36 | —36 | 3,565 | +107 | +107 | 16,971 | —148 | —148 |
| 31st August, 1964 | 6,712 | —150 | —369 | 6,702 | +158 | +122 | 3,575 | +10 | +117 | 16,989 | +18 | —130 |
| 31st August, 1965 | 6,634 | —78 | —447 | 6,839 | +137 | +259 | 3,715 | +140 | +257 | 17,188 | +199 | +69 |
| 31st August, 1966 | 6,580 | —54 | —501 | 7,033 | +194 | +453 | 3,870 | +155 | +412 | 17,483 | +295 | +364 |
| 31st August, 1967 | 6,444 | —36 | —537 | 7,280 | +247 | +700 | 3,965 | +95 | +507 | 17,789 | +306 | +670 |

These figures do not relate to any child over 15 years or under 5 years of age on the 31st August of the years shown.

## SCHOOL CLINICS

**Queen's Road Clinic**

| | |
|---|---|
| Special Examinations and Minor Ailments | Monday and Friday, 9 a.m.–10 a.m. |
| Ultra-Violet Light Therapy . . . | Tuesday, 2.30 p.m., Friday, 10.30 a.m. |
| Chiropody Clinic . . . . | Friday, 10.30 a.m. |

**Whitley Clinic**

| | |
|---|---|
| Special Examinations and Minor Ailments | Monday and Friday, 9 a.m.–10 a.m. |
| Ultra-Violet Light Therapy . . . | Monday and Wednesday, 11.30 a.m. |

**Ashmead School Clinic**

| | |
|---|---|
| Special Examinations and Minor Ailments | Friday, 2 p.m.–3 p.m. |

**Emmer Green School Clinic**

| | |
|---|---|
| Special Examinations and Minor Ailments | Friday, 9 a.m.–10 a.m. |

**Geoffrey Field School Clinic**

| | |
|---|---|
| Special Examinations and Minor Ailments | Wednesday, 9 a.m.–10 a.m. |

**Grovelands School Clinic**

| | |
|---|---|
| Special Examinations and Minor Ailments (for Battle S. School) . . . | Monday, 9 a.m.–10 a.m. |
| Special Examinations and Minor Ailments | Friday, 9 a.m.–10 a.m. |

**Hill School Clinic**

| | |
|---|---|
| Special Examinations and Minor Ailments | Wednesday, 9 a.m.–10 a.m. |

**Hugh Faringdon School Clinic**

| | |
|---|---|
| Special Examinations and Minor Ailments | Thursday, 9 a.m.–10 a.m. |

**Kendrick School Clinic**

| | |
|---|---|
| Special Examinations and Minor Ailments | Wednesday, 9 a.m.–10 a.m. |

**St. Michael's School Clinic**

| | |
|---|---|
| Special Examinations and Minor Ailments | Wednesday, 9 a.m.–10 a.m. |

**Southcote Primary School Clinic**

| | |
|---|---|
| Special Examinations and Minor Ailments | Tuesday, 9 a.m.–10 a.m. |

**Stoneham School Clinic**

| | |
|---|---|
| Special Examinations and Minor Ailments | Tuesday, 9 a.m.–10 a.m. |

**Tilehurst Clinic**

| | |
|---|---|
| Special Examinations . . . | By appointment |
| Ultra-Violet Light Therapy . . . | |

**Westwood School Clinic**

| | |
|---|---|
| Special Examinations and Minor Ailments | Monday, 9 a.m.–10 a.m. |

**Dental Clinics**

Queen's Road Clinic
Tilehurst Clinic
Whitley Clinic

### Speech Therapy Clinics

| | | | |
|---|---|---|---|
| Ashmead School | 1 Session | Grovelands School | 1 Session |
| The Avenue School | 4 ,, | The Hill School | ½ ,, |
| Battle School | 1 ,, | Katesgrove School | 1 ,, |
| Caversham Nursery School | 1½ ,, | Oxford Road School | 1 ,, |
| Caversham Primary School | 1½ ,, | Queen's Road Clinic | 4 ,, |
| Caversham St. John's | ½ ,, | Ridgeway School | 1 ,, |
| Coley Primary School | 1 ,, | St. Anne's School | 1 ,, |
| Emmer Green School | 1 ,, | St. Michael's School | 1 ,, |
| English Martyrs School | ½ ,, | Southcote Clinic | 1 ,, |
| E.P. Collier School | 1 ,, | Tilehurst Clinic | 1 ,, |
| Geoffrey Field School | 1 ,, | Whitley Clinic | 1 ,, |
| George Palmer School | 1 ,, | Wilson School | 1 ,, |

Also Wakefield Lodge Junior Training Centre 1 Session

## MEDICAL INSPECTIONS

The organisation for routine and special medical inspections was continued in the same pattern as was outlined in the report for 1960 and continued in 1961. During the year the School Medical Officers were responsible for the examination of 5,333 pupils at periodic medical inspections, compared with 6,262 in the previous year. Also, 1,117 children were re-inspected or were seen at special inspections at the request of the parents, teachers, school nurses or school welfare officers. 1,605 children were seen in 1961. Of the 5,333 pupils seen at routine examinations, the general physical condition was regarded as satisfactory in 99.9%, the same figure as for the last two years. The number of routine medical inspections is fewer than in the previous two years because of medical staff shortages.

### Vision Testing of School Children

In January, 1962, Mrs. J. M. Warwick, S.R.N., S.C.M., Diploma in Ophthalmic Nursing, was appointed to carry out the testing of eyes amongst school children at certain ages, when a routine medical inspection normally does not take place, that is at 7 years, 8 years, 9 years and 13 years of age.

After consultation with the Senior Assistant Medical Officer it was decided that the Snellens Card Test Type should be continued to be used on those children who were able to read, and the Stycar method on those children not yet able to read.

Those nurses whose duties were entirely with the School Health Service were responsible for carrying out their own eye tests in the schools they visited and the tests were done on similar age groups.

*The following table illustrates the number of children tested and the number of defects found:*

| | | |
|---|---|---|
| Number of pupils tested at 13 years of age | 1,456 | |
| ,, ,, ,, found to have some defect | 119 | (8.1%) |
| ,, ,, ,, referred to hospital or optician | 21 | |
| Number of pupils tested at 9 years of age | 1,442 | |
| ,, ,, found to have some defect | 87 | (6.02%) |
| ,, ,, ,, referred to hospital or optician | 23 | |

| | | |
|---|---|---|
| Number of pupils tested at 8 years of age . . . | 1,384 | |
| ,, ,, ,, found to have some defect . . | 90 | (6.5%) |
| ,, ,, ,, referred to hospital or optician . . | 23 | |
| Number of pupils tested at 7 years of age . . . | 1,320 | |
| ,, ,, ,, found to have some defect . . | 100 | (7.5%) |
| ,, ,, ,, referred to hospital or optician . . | 35 | |

Of the 5,602 children tested in these sweeps 396, i.e. 7.068%, were found to have a defect in distant vision. Of these, 102, i.e. 1.82%, were referred immediately for specialist examination. Those not immediately referred were seen again later for a further test.

It is hoped by this method of periodic sweep testing of vision to discover those pupils who are developing some defect of vision, so that they may be investigated and adequately treated at as early an age as possible.

The standard used for referral is 6/9 vision in both eyes or 6/12 in one eye.

### *Audiometric Survey of Children in Infants' Schools*, 1962

This testing continued as in previous years. The Audiometrician tested children in Infants' Schools at the age of 5, 6 and 7 years using a portable pure-tone audiometer, the initial sweep test being made at 20 decibels intensity. Any child failing this in either ear, at any of the five frequencies used, has a full audiogram made, either at the school if conditions are favourable or in the central clinic. Such children are then referred to the appropriate School Medical Officer who assesses them and arranges their final disposal. It is interesting this year to note 9.7% of the children failed the sweep test, compared with 11% in 1961 and 10% in 1960.

| *Children Tested* | *Entrants* | *Retests* | *Total* |
|---|---|---|---|
| Number tested . . . . . | 1,632 | 967 | 2,599 |
| Number failing sweep test . . . (i.e. no response at 20 db. at any one frequency in either ear) . . . | 159 | 73 | |
| Per cent failing sweep test . . . | 9.7 | | |
| *Disposal* | | | |
| a. Treated or kept under observation by S.M.O. . . . . | 63 | 26 | |
| b. Referred to or under treatment by G.P. . . . . | 1 | nil | |
| c. Referred to E.N.T. surgeon or receiving treatment at R.B.H. . . | 54 | 23 | |
| d. Awaiting examination by S.M.O. (including D.N.A.s) . . . | 22 | 10 | |
| e. No significant abnormality found on further examination . . . | 19 | 14 | |
| | 159 | 73 | |

## HANDICAPPED CHILDREN

These are children who because of some disability of mind or body require special methods of education either in separate or special schools, or in ordinary schools if this is possible. The classes of handicapped pupils are defined in the Handicapped Pupils and Special Schools Regulations, 1959. During the year the Handicapped Pupils and Special Schools Amending Regulations, 1962 were issued which slightly altered the definition concerning deaf pupils, changing partially deaf pupils to partially hearing pupils. The Authority has a duty to ascertain the children in their area who need special educational methods. The comprehensive register of all handicapped and potentially handicapped children from birth onwards, which has been built up in the Health Department, will greatly facilitate this work.

The ten categories of children to be considered all have statutory definitions.

(*a*) **Blind Pupils,** that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight. There is one child of school age on the register, a girl of 11, who has been moved from Rushton Hall School to Condover Hall School, near Shrewsbury, to continue her studies. There are two other children, both boys of pre-school age, who are also on the blind register.

(*b*) **Partially-sighted pupils,** that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.

There are 10 children on the register, 6 boys and 4 girls. Three girls are resident at Barclay School, Sunninghill; the other girl also suffers from asthma and is resident at the West of England School for the Partially Sighted, Exeter. Four boys are at Blatchington Court, Seaford, and one is in nursery school. The other, a seven year old boy is at present attending the Delicate Department of a day special school, part-time, and receiving part-time home teaching (he is also epileptic).

(*c*) **Deaf and Partially-hearing children.** Deaf pupils, that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.

Partially hearing pupils, that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities, though not necessarily all the educational methods used for deaf pupils.

Mr. Daniel Ling, Organising Teacher of the Deaf, reports as follows:—

*Children in Special Schools*

There are now three boys, all mentioned in last year's report, attending special schools. Two girls formerly at residential special schools, left during the school year and were trained as typists in the Berkshire School of Typing. Both were successfully placed in employment.

*Children in special classes*

In September, 1962, a new special group was formed at the Cintra Secondary School. It was clear that, for several reasons, partially hearing children reaching secondary school age would need some intensive special teaching while at the same time enjoying participation in the activities of the normal school. Accordingly, five

children who were due to leave the Palmer Junior Unit on account of age were transferred as a group and a room was made available at the Katesgrove Secondary School for the Organising Teacher of the Deaf to deal individually or in small groups with these children on a part-time basis. Work to date with the six children involved (one was already attending the school) has proved to be most effective and it is a tribute to the headmaster and staff of the school that the unit is already an accepted part of the life of the school. The establishment of the unit has allowed us to educate locally at least two children for whom boarding provision would otherwise have been imperative: R.S., an 11-year-old boy who became totally deaf from labyrinthitis at the beginning of the year and A.S., an 11-year-old girl who was formerly in a school for the deaf, but moved into the borough at the beginning of the year.

Three children were returned to normal classes from the George Palmer Unit during the year. G.B. and M.O'R. were transferred from the New Town to the George Palmer Unit and there were four admissions to the New Town Unit. Three of these were cases mentioned in last year's report as pre-school children, the other was a congenitally deaf boy diagnosed as deaf at four years.

*Pre-school Children*

Our work with R.A. has been discontinued. Treatment for *petit mal* had to take precedence over continued diagnostic guidance work for suspected deafness. Work with K.B., described in last year's report, has been extended and he now takes part in normal nursery classes in the Norcot Nursery School. A further case, R.S., was detected at four years of age. He is a familial high-tone deafness and he is receiving special help while attending the nursery class at Coley Primary School.

*The use of hearing aids*

A total of 78 children are at present using hearing aids in the Borough. Of these, 65 are locally born children. Nine children were issued with hearing aids during the year under review. Four of these new cases were detected as deaf through the routine audiometric survey of 5-year-olds, two were detected through the survey undertaken by the Health Visitors, a further two children were discovered to be deaf by school medical officers and the ninth child was referred by his family doctor after labyrinthitis (see above).

No deaf child was detected through the examination of "at risk" children which was undertaken at the Royal Berkshire Hospital.

The year under review was the first in which no Borough child was issued with a hearing aid on account of conductive deafness. This is additional evidence that the detection measures used in the Borough and the early E.N.T. treatment afforded through the kind co-operation of Mr. R. Hunt Williams has reduced the severity of a problem which, only a few years ago, frequently led to children requiring special educational treatment. The number of cases issued with hearing aids in the year under review does indicate, however, that there is no significant decline in the incidence of perceptive deafness. The following table, which shows the distribution of known hearing defects greater than 30 d.b. over the population up to the age of 17 years and the distribution of hearing aids among locally born children, indicates (i) the need for improvement of our pre-school detection schemes, (ii) the efficiency of the routine audiometric survey and (iii) the decline in the number of cases with significant hearing loss which occurs through E.N.T. treatment at the 5-6 year level. It also shows a significant difference of incidence of deafness in relation to sex.

## Table I

DISTRIBUTION OF HEARING DEFECTS GREATER THAN 30 d.b. AMONG LOCALLY BORN CHILDREN AND THE USE OF HEARING AIDS IN RELATION TO AGE.

| Year of birth | Boys | Girls | Total Children | Total Aids |
|---|---|---|---|---|
| 1945 | 1 (1) | 0 | 1 | 1 |
| 1946 | 2 (2) | 0 | 2 | 2 |
| 1947 | 6 (4) | 7 (2) | 13 | 6 |
| 1948 | 4 (3) | 6 (3) | 10 | 6 |
| 1949 | 7 (1) | 6 (3) | 13 | 4 |
| 1950 | 10 (6) | 6 (1) | 16 | 7 |
| 1951 | 7 (3) | 3 (3) | 10 | 6 |
| 1952 | 11 (5) | 13 (7) | 24 | 12 |
| 1953 | 9 (2) | 3 (1) | 12 | 3 |
| 1954 | 7 (1) | 4 (2) | 11 | 3 |
| 1955 | 16 (4) | 6 (0) | 22 | 4 |
| 1956 | 16 (4) | 14 (2) | 30 | 6 |
| 1957 | 17 (0) | 11 (1) | 28 | 1 |
| 1958 | 4 (3) | 0 (0) | 4 | 3 |
| 1959 | 0 | 0 | 0 | 0 |
| 1960 | 1 (1) | 0 | 1 | 1 |
| 1961 | 0 | 0 | 0 | 0 |
| 1962 | 0 | 0 | 0 | 0 |
| TOTALS | 118 (40) | 79 (25) | 197 | 65 |

*Note.* The 13 children who moved into the Borough in order to attend the Units for Partially Hearing Children are not shown in the above table.

## Table II

PLACEMENT OF CHILDREN REQUIRING SPECIAL EDUCATION

| School | Boys | | Girls | |
|---|---|---|---|---|
| Pre-school | KB<br>RS | | | |
| New Town | JC<br>TJ<br>SL | IR<br>MS | JH<br>SL | |
| G. Palmer | RA<br>AE<br>PM | GB<br>NQ<br>DM | F F-C<br>KH<br>MO'R | |
| Cintra | RH<br>RS | PS | AA<br>MG | AS |

Ear moulds manufactured through the Health Service have continued to be unsatisfactory. Soft plastic moulds, the advantages of which were discussed in last year's report, could not be provided through the Health Service and the provision of these moulds has therefore been continued through the School Health Department. The provision of these moulds has led to excellent results in the use of hearing aids by children in the Borough, delays and ill-fitting moulds now being quite unusual.

Following the writer's visit to France to see new work in the use of hearing initiated there by Professor P. Guberina of Zagreb, experimental work in the use of frequencies down to 40 c.p.s. has been undertaken during the past year. In order to reproduce low frequency components of speech, high fidelity microphones were coupled externally to individual hearing aids. Seven profoundly deaf children in the Borough have had their hearing aids modified in this way and the results of auditory education by this means has been most encouraging in every case. An account of this work, its possibilities and limitations, will be published by the writer in the April 1963 issue of the *Teacher of the Deaf*.

*Children with slight defects of hearing*

At present, 143 children with slight, but possibly significant, deafness are seated advantageously and their teachers know of their deafness. Over 30 of the more serious cases have been fully reviewed by the teachers of the deaf and the Senior Assistant School Medical Officer, to ensure that educational attainments are commensurate with the age and intelligence of each child. Three such children, all of whom wear hearing aids, were working at an education level significantly below their innate abilities. In no case, however, were communication disorders sufficiently severe to prevent them working well in a normal class providing they also received some specialist teaching. To cater for such cases, the possibility of admitting them to the Katesgrove Junior School and arranging for them to receive regular help from a teacher of the deaf in the secondary unit will be considered. To place them in the George Palmer Unit, even if there were vacancies, would not provide sufficient competitive drive for their progress, for the majority of the cases in the George Palmer Unit are severely handicapped, with hearing losses greater than 80 d.b.

*Staffing*

The year under review has been one of the most difficult since this work began in 1955. Shortage of teachers of the deaf has placed a severe strain on the provision of services, all of which have been maintained, but not without difficulty.

## Conclusions

The work with deaf children in the Borough, in spite of staffing difficulties, is nevertheless of a high standard and with an increase in staffing could be brought to a very high level of efficiency indeed. The weakest point in the provision of services is clearly at the pre-school level (see Table 1) which is undoubtedly the period of a deaf child's life when the greatest benefit from training can be achieved. Whether the lack of children in the pre-school age groups is due to inadequate screening of the population or due to a genuine fall-off in incidence of deafness in this age group remains to be seen. The Health Visitors' survey is certainly an excellent and useful service. This year, 36 children were referred on account of suspected deafness, of whom two were issued with aids and thirteen successfully treated for conductive deafness. Perhaps a closer tie between the "at risk" survey and the Health Visitors' survey would result in a better yield of deaf children. The writer has in mind a system by which children on the "at risk" register were checked specifically for speech, hearing and language development by the Health Visitors in the course of their work on one or two occasions in the pre-school years.

(*d*) **Educationally Subnormal Pupils,** that is to say, people who, by reason of limited ability or other conditions resulting in educational retardation require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools. At the end of the year there were 150 pupils classified as Educationally Subnormal, 106 boys and 44 girls. Seven of these were at Residential Schools and one boy was on the waiting list of such placement. There were also 3 boys and one girl on the waiting list for the Avenue School.

During the year 31 children suspected of being educationally subnormal or in serious educational difficulty were examined by the "approved" Medical officers. In each case the examination consisted of an intelligence test, at least one performance test and a medical examination. The following list gives the results of the assessments of these children:—

| | Boys | Girls |
|---|---|---|
| Recommended for day special school . . | 16 | 7 |
| Recommended for residential special school . | – | – |
| Recommended for remedial teaching at ordinary school . . . . . | 1 | 3 |
| Reported to the L.H.A. under Section 57 of the Education Act as being incapable of benefiting from education at school . . | 1 | 3 |

(*e*) **Epileptic Pupils.** Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

There are 67 pupils under observation who are known to have had epileptic seizures, 41 boys and 26 girls. 2 boys and 2 girls are in residential schools, 5 boys and 5 girls are in hospital schools, 6 boys and 3 girls are receiving Home Teaching and the other children are in Day Special schools or in ordinary schools. In many of these children the attacks have been mild and infrequent and the majority of them are completely controlled by anticonvulsant drugs and they are able to continue their education in day schools.

(*f*) **Maladjusted Pupils.** Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.

Dr. M. E. Ward reports as follows:—

Statistics for the work of the Reading Child Guidance Clinic for the year January-December, 1962 are appended. There has been a slight increase in the number of new referrals, waiting lists are negligible; most new cases are seen within a week or so of referral.

We were very sorry to lose Mrs. Liddle, Psychiatric Social Worker who transferred to the Berkshire Child Guidance Service in June, 1962. We have still not succeeded in filling her vacancy and the lack of any P.S.W. is a severe handicap to this Child Guidance Clinic; it is often the parents who need advice and support even more than the children need treatment and it is not always practicable for the psychiatrist to give equal attention to both child and parents.

We were also very sorry to lose our secretary Miss Arthur who resigned on September 21st to take up a Teacher's Training Course. We were fortunate in replacing her with Mrs. Horner, previously a secretary at the Reading Children's Department.

*All children seen at Reading Borough Clinic* 1.1.62-31.12.62.

| | |
|---|---|
| No. of cases brought forward from 31.12.61 | 204 |
| No. of new cases referred | 75 |
| No. of cases re-opened during the period | 12 |
| Total number of cases seen for consultation and treatment | 170 |
| No. of cases closed | 136 |
| After Consultation and Advice only | 34 |
| Improved | 65 |
| No change | 9 |
| Transferred for Hospital Treatment | 4 |
| Prematurely Closed | 12 |
| Not seen | 3 |
| After Social Work Only | 9 |
| No. of interviews:— | |
| For Psychiatric Examination | 61 |
| For Intelligence Test | 61 |
| For Treatment | 499 |
| No. of P.S.W. and S.W. Interviews | 370 |
| No. of children admitted to Hostels for Maladjusted Children | 5 |
| No. of children discharged from Hostels for Maladjusted Children | 3 |
| No. of children in Hostels on 31.12.62 | 8 |

*Source of Referral, Child Guidance Clinic Cases*—1.1.62 to 31.12.62

| | |
|---|---|
| School Medical Officers | 22 |
| General Practitioners | 22 |
| Educational Psychologist | 5 |
| Court | 7 |
| Hospitals and other Psychiatric Clinics | 19 |
| | 75 |

(*g*) **Physically Handicapped Pupils.** Pupils not suffering solely from a defect of sight or hearing, who by reason of disease or crippling defect cannot without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

There are 67 pupils registered as physically handicapped. Two boys and two girls are in residential schools, five boys and five girls are in hospital schools and six boys and three girls are receiving home teaching. The remaining twenty-eight boys and sixteen girls attend the Special Day School for Physically Handicapped Pupils at the Avenue School.

During the year seven pupils were admitted to this school and nine pupils left. Of these nine pupils five took up employment, two sent back to ordinary schools, one was admitted to Borocourt and one died.

The children at the school suffer from a great variety of defects, the majority are congenital defects, e.g. cerebral palsy, congenital heart disease and orthopaedic defects.

(*h*) **Pupils suffering from speech defects.** Pupils who on account of defect or lack of speech not due to deafness, require special educational treatment.

Mrs. A. C. Elsbury, Senior Speech Therapist reports:—

268 patients attended the clinic during 1962—180 boys and 88 girls.
187 cases of dyslalia
5 cases of dyslalia due to hearing loss
18 cases of retarded speech development
34 cases of stammering
3 cases of stammering plus dyslalia
6 cases of cerebral palsy
3 cases of cleft palate
2 cases of dysarthria
9 cases of disordered vocal resonance
1 case of congenital auditory imperception
103 discharged, cured or greatly improved
6 discharged for non-attendance
1 transferred to residential school
2 left the district before treatment was completed
3 left school before treatment was completed
2 refused treatment
151 continued into 1963

Clinics were held at the Queen's Road, Whitley, Southcote and Tilehurst centres and at The Avenue, The Hill, Emmer Green, Caversham Nursery, Caversham St. Anne's, Caversham St. John's, Caversham Primary, Oxford Road, Katesgrove, George Palmer, Whitley Park, The Manor, St. Michael's, English Martyrs, Geoffrey Field, Ridgeway, Ashmead, Battle, E.P. Collier, Wilson and Grovelands Schools and Wakefield Lodge Training Centre. A certain amount of time was set aside for school and home visiting and two visits were made to residential speech therapy schools.

During 1962 several children between the ages of four and seven years have been referred to the speech therapists because of grossly retarded speech and language development. With the exception of one child, who has been diagnosed at a residential speech therapy school as a case of congenital auditory imperception, the causes of these severe speech disturbances are obscure. In all cases intelligence has been found to be within the average range—certainly the I.Q. does not relate to the severity of the speech disorder—and hearing appears to be sufficiently normal for the purpose of acquiring speech. The children show certain emotional and behaviour problems which would appear, on closer study, to be the result of frustration, so often evident in the child who cannot readily be understood. Some authorities may classify these patients as cases of developmental aphasia, but as the term "aphasia" tends to be used somewhat loosely at the present time, I prefer not to use it in this particular instance.

Whatever the causes may be, the fact remains that we have a group of children all of whom show language retardation—in some cases vocabulary is very limited indeed—all of whom are grossly dyslalic and all of whom appear to show a degree of difficulty in comprehending speech, although this difficulty is slight in a few instances. Naturally, educational progress is hampered by the combination of these difficulties and the children are a considerable problem to teachers and speech therapists alike. With the existing facilities it is impossible to give these children the amount of help necessary to the achievement of any real progress. Speech therapy alone is not sufficient—in order to achieve good results, speech therapist and teacher must work very closely together.

In the course of 1962, members of the speech therapy department visited two residential speech therapy schools, one of which caters for the five to nine year olds

and the other for the over nines. Here we saw how doctors, house-mothers, teachers and speech therapists co-operated to help the children with amazingly successful results. Quite a high percentage of the children at the school dealing with the five to nine year olds were able to return home to attend normal schools. The degree of speech disturbance to be found in these children, who are drawn from all over the country, was in the main more severe than in the group here in Reading, although certainly not in every case. The children received daily speech therapy, both individually and in groups and were educated in small classes with adequate individual attention, the teacher and speech therapist working closely together as far as speech and language are concerned. The major drawback in these schools, as indeed the staff themselves admitted, is the lack of contact with the normal-speaking child. In circumstances such as these it is only too easy to exaggerate the extent of a child's attainments unless one has a standard of normal speech at hand to serve as a criterion.

Another factor which may cause concern is the separation of the child from his or her home. The children themselves appear to adapt remarkably quickly to a residential school—perhaps due to the fact that a child with a severe speech and language disturbance tends to think only in the present because of his lack of language—but there is almost certain to be a degree of weakening of the parent-child relationship, which may not be easy to reinstate when the child returns home with improved abilities.

In view of these facts, I feel that it might be an interesting experiment to consider establishing a unit for these severely speech handicapped children in a primary school in Reading. Ideally, a school with nursery, infants and junior departments would most efficiently be able to help such a group. Several of the younger children would benefit from play at nursery level and there are also a few pre-school age children who I am sure are potential candidates for such a unit and who would benefit from attending a nursery where they could be observed with the view to this. Apart from mixing with normally speaking children at play and meal times, I feel that it should be possible for the speech defective child to be absorbed into the class relevant to his age group for music, physical education, craft, radio programmes, etc., whilst being given the individual attention needed in the basic subjects by his own class teachers. Each child would, of course, receive daily speech therapy.

It is essential to establish as much co-operation as possible with the parents of a speech defective child, particularly in view of the long holidays when the constant stimulation at school is no longer available. If a unit were established, it would be possible to invite the parents into the group to watch the teacher and speech therapist at work and to learn how to help their children at home.

I realise that there must be drawbacks to a scheme such as this, and many arguments against it. For example, there are those who maintain that children "grow out" of speech defects, even the very severe ones. This I admit to be true to a certain extent, but it should be remembered that whilst a severely speech handicapped child, who may well be above average in intelligence, is "growing out" of his disorder in a large class where he is unable to receive sufficient attention, his educational progress is falling sadly behind. It is also of interest to point out that there are many adults in the world today—a considerable number of eminent men and women amongst them—who have now "grown out" of speech defects and who still produce faulty "r", "s" and "th" sounds, evident even to a person who has never heard of the existence of speech therapy. Although many such adults have obviously made great educational achievements, it would be interesting to know whether or not the speech defects were a residue of a more severe condition in childhood, which may have slowed down educational attainments initially and which could have been helped by speech therapy.

Another argument which has been offered against a unit is that it would possibly include non-speaking children with psychotic tendencies who would obviously not be receiving the correct treatment. However, it would be essential for every child

to have as full an investigation as possible before being recommended for the group, and although exact diagnosis of a non-speaking child is often a very difficult and lengthy procedure, psychosis should be ruled out. It is inevitable that a child with a severe speech handicap will have a certain degree of emotional disturbance—arising mainly from frustration—but it should be well within the ability of the teacher and speech therapist to cope with this. Indeed, frustration in a speech defective child is a hopeful sign to the speech therapist as it proves that the child realises his lack of ability and will make an effort to overcome it.

The staffing of a unit may present difficulty because of the shortage both of teachers and speech therapists. Ideally, it would need an infants teacher and a part-time speech therapist.

The aim in suggesting the possibility of a unit for severely speech defective children is not to inaugurate in the town anything so ambitious as one of the few residential speech therapy schools already existing in the country, but merely to conduct an experiment which I feel has a reasonable chance of success. If these severely speech handicapped children, one or two of whom would most certainly be accepted at a residential school, could be given an opportunity of receiving daily speech therapy closely combined with appropriate educational facilities in an ordinary primary school and backed by the security of their own homes, I feel sure that the results would prove this to be an extremely worthwhile undertaking.

(*i*) **Delicate Pupils.** Pupils not falling under any other category in the regulation, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development be educated under the normal regime of ordinary schools.

## The Avenue Special School and Home Teaching for Handicapped Pupils

Mr. G. Ross, M.A., Headmaster, has been good enough to supply the following comments:—

In my report last year I mentioned the pleasure which a visitor would experience on seeing the colourful pictures in the art room and I commented on the surprise which might accompany the consumption of a three course lunch prepared by the boys, not to mention the more intricate culinary achievements of the girls.

In another direction now the girls have established themselves beyond the school walls. The work of one of our girls was selected for exhibition by the *Sunday Pictorial* panel and we are justly proud that the school is represented in this outstanding collection of children's work which is being shown in various cities throughout the country.

An exhibition was also organised locally by the Housecraft Organiser to display the needlework of the schools in Reading. This was held in the Art Gallery and eight pieces of work were accepted from this school, three needlework pictures, one abstract painting, three examples of fabric printing, and one embroidered animal toy. In the fashion show one of our girls modelled a skirt and blouse she had made. In these ways our children have shown their practical ability and their achievements merit comparison with the work of other schools. In this manner they are able to prove themselves.

The work continued apace in the school garden. The boys have built two work huts and their next project is to build a cold greenhouse, a necessity for their study of propagation and growth. The Cotswold stone which they laid has made an attractive facing to the forecourt and will look even better when the alpine plants and shrubs have spread their colour.

The roll of the school, 205 boys and girls, remained pretty constant up to capacity. For the eighteen children who left the departments there was the usual expert service

or advice and direction from the Youth Employment Officer and once again our children were settled into appropriate employment. The type of job is of interest.

| | *Girls* | *Boys* |
|---|---|---|
| Factory Work | 5 | 4 |
| Motor mechanic | | 1 |
| Distributive trade | 1 | 1 |
| Shoe repairing | | 2 |
| Bookbinding | 2 | |
| Gardening | | 1 |
| One girl not placed awaiting medical treatment | | |

This is the second year of some experimental work with the teaching of arithmetic based largely on the experiments and observations of Piaget. Limited number spans and arithmetical problems of a "social" nature would appear to be assisting the children in comprehending the elementary problems of arithmetic, although of course it means discarding the large unwieldy numbers and "long tots" of former days. In adopting a scheme of this nature, difficulties are created in the re-education of children who are admitted late in their school life. As the scheme works upwards in the school we shall be in a better position to assess its efficacy by the end of next year.

A similar approach to the teaching of reading has involved concentration on oral work and the increasing use of tape recorders. We have found in home teaching that developments in this direction are extremely helpful to the nervous child and intensive application can lead to a greater facility of expression and can further help the social progress of our children.

We therefore still pursue our primary object of social adjustment and results in the past year have been more than encouraging.

For those children who wish to pursue further work in the acquisition of reading and arithmetic skills continuation classes on Monday and Friday at the Reading Technical College are proving extremely popular, and with their teacher, who is also a teacher at this day school, pupils can discuss their problems and if they cannot be answered fully at least they can receive direction to the course of appropriate guidance.

## Home Teaching 1962

During the year forty-six children have been taught in hospital, two in Mockbeggar Hostel, and thirty-three in their homes. Again the children have been recovering from various illnesses or suffering from many different handicaps including partial sight, epilepsy and haemophilia. The majority of the children, however, come under the first category, i.e. recuperating after surgical treatment, fractures and illnesses such as nephritis and chorea. In addition, six severely maladjusted and disturbed children have been taught. The age of the children ranged from four to sixteen years. The scope of home teaching has extended from first steps in reading to a cerebral palsied child who makes little or no attempt at speech to mathematics and other subjects at G.C.E. level. Six part-time teachers and one full-time teacher have been kept busy throughout the year.

We undertook to help in the cases of two four-year-old boys. In the first, perhaps the greater need was to assist the mother, herself unwell. The pupil was an intelligent and over-active boy suffering from haemophilia, and the problem to divert his interests to more sedentary pursuits. The other boy, who had Perthe's disease, had been a patient in Battle Hospital for a long period and needed mental stimulation.

During treatment in hospital some children are either too ill or reluctant to have lessons but it is amusing to see how quickly the reluctant ones are asking to be in-

cluded in the morning school. It has been possible to resume the weekly art class in the children's wards of the Royal Berkshire and Battle Hospitals and these are much enjoyed, especially when the children are allowed to display their work above their beds. Most of the children in Battle Hospital have a stay of under eight weeks. Where a long convalescence is indicated, attempts are made to begin home teaching as quickly as possible after discharge from hospital.

One partially sighted epileptic boy has now been taught at home for two years. To help him meet other children and to prepare him for life in a residential school, which we hope he will enter in 1963, he has made frequent attendances in the afternoon at the Avenue School. Teaching at home has continued in the morning. As so often happens when these handicapped children mix with other children, the effect has been profound. He has gained in confidence and in desire to help himself and now appears ready to take his place in a school for the partially sighted.

Three children taught at home have, as a result of the administration of certain drugs, put on considerable weight. Two of them changed so greatly in appearance that they were not recognised by their school friends and one was so concerned by his obesity that he was afraid to return to school. The home teacher had to give help in overcoming this sensitivity.

The maladjusted child makes special demands on the patience and ingenuity of the home teacher. Six such children have been taught, three are now in special schools.

Two boys, aged sixteen, are being prepared to take G.C.E. 'O' level in the summer of 1963. One has had a greatly interrupted career. Since the age of eleven, he has attended three Grammar Schools, one hospital school, and has had one year's absence when suffering from chorea. He has been taught at home when recovering from a major abdominal operation. The other boy was recuperating after operation on both feet, following a prolonged period of muscular weakness and ill health. They have both responded with enthusiasm to individual tuition; not only have they made good deficiencies in their knowledge caused by irregular attendance at school, but have made excellent progress in new work.

To widen the frontiers of a child confined to his home, use has been made of sound and vision broadcasts, filmstrips, gramophone records and museum specimens. A portable tape recorder has been of great assistance. Two examples of its many uses may be cited. A maladjusted boy was apparently unable to read. By reading however, to the machine, and hearing his recorded voice, he was able to overcome his psychological barrier to reading to an adult. Many children are capable of composing stories but are incapable of writing them down. The use of the tape recorder has been valuable in allowing them to express themselves vividly without the limitation imposed by their illiteracy.

The role of the home teacher can be extremely varied and sometimes far removed from that of instructor. Before a child can be successfully taught in the intimacy of his home, it is necessary for the teacher to become first a friend of the family. Helping them to accept the disability and guiding them how best to help the child is often essential. Children who have never attended school and whose little lives are limited by their own four walls can be highly sensitive to tensions within the family. For example, a sudden and marked deterioration in the mental state of an epileptic child was traced to domestic quarrels which had occurred in his presence. Parents are sometimes found to be unnecessarily distressed. Such was the case of one mother whose daughter had had osteomyelitis. A simple explanation of medical terms and a suggestion that her fears be told to the family doctor, resolved the situation. Although diversions of this kind can be time consuming, if they lead to a more relaxed and happier atmosphere, they are certainly worthwhile. As a daily visitor to the home, the home teacher gains a very clear insight into the factors affecting the child's progress.

## Physiotherapy in the Avenue School

Mrs. M. Antscherl reports as follows:—

April 1963 marked the end of the third year of full-time physiotherapy at the Avenue School, which has become increasingly stimulating and rewarding as results prove most satisfactory and development steadily continues.

Willingness and effort constantly shown by the children is the keynote to their successful progress in a happy environment.

Encouragement by the teaching staff of the school has played a great part in the maintenance of acquired skills, and has also made it a pleasure for the children to "show off" and practise their new abilities in the classroom.

Our visiting speech therapist has done much for those children with speech defects, and a close working partnership links speech therapy and physiotherapy.

A team spirit has evolved which has grown as the Physiotherapy Department has expanded, and I would like to express appreciation and thanks to the staff of the school for this.

Each term, Mr. C. Squire, Orthopaedic Surgeon of Battle Hospital, visits the school and reviews children under his care, to advise on their treatment and carry out surgery or splintage in cases where benefit may be obtained from such measures.

Medical staff from the School Health Service make regular visits to the school and are available for advice or consultation regarding any of the children, when examinations are carried out.

This combination of comprehensive care and education helps these children to develop all their potentials, physically, mentally and socially to the fullest as they grow up.

In the home, parents have been willing to continue physiotherapy, both with its hard work and fun, so that functionally and actively their children may fulfil their lives to the best of their capabilities. In this way they can acquire confidence, courage and independence and take their place amongst others without embarrassment or frustration.

## Cases Receiving Treatment

The following figures represent treatments over the past year, which have increased from 42 to 57. Children are drawn from both the Educationally Sub-normal and Physically Handicapped schools, the latter includes Handicapped and Delicate departments and a special unit for very young cerebral palsy children, the Cerebral Palsy Unit. The greater proportion of cases are children from the Physically Handicapped School.

## Table of Treatments

| | *Girls* | *Boys* | *Total* |
|---|---|---|---|
| Cerebral Palsy (inclusive of the C.P. unit) | 11 | 12 | 23 |
| Respiratory . . . . . | 4 | 1 | 5 |
| Post Polio Disability . . . | 1 | 5 | 6 |
| Postural (inclusive of 1 congenital spinal deformity in C.P. Unit) . . | 3 | 7 | 10 |
| Postural maintenance and supervision | 2 | 5 | 7 |
| Post operative and pending further surgical intervention (1 congenital talipes boy not yet returned to the school) . . . . . | – | 1 | 1 |
| 1 pes cavus (post meningitis) . . | – | 1 | 1 |
| 1 bilateral foot tendon transplants post Pink disease, awaiting further operation on second foot . . | – | 1 | 1 |
| 1 depressed sternum . . . | – | 1 | 1 |
| Dermatomyositis . . . . | – | 1 | 1 |
| Undiagnosed encephalopathy . . | – | 1 | 1 |
| Muscular dystrophy . . . . | – | 1 | 1 |
| | 21 | 36 | 57 |

The above numbers do not include short term or "first aid" cases, e.g. children who are referred to physiotherapy by the speech therapist for special treatment to facilitate speech correction, minor mishaps which occur during school hours, and one case where a boy woke with a torticollis (wry neck) one morning.

### Transfers

The following three children were returned to normal school.

R.T. a girl over 12 suffering from bronchiestasis and chronic catarrh improved sufficiently for transfer to normal school.

G.H. a girl age 11 with asthma and bronchitis. Previous history of residence in Cold Ash hospital for nine months. Received treatment at school from March 1961 to September 1962 and made such good progress during this time that she was sent to normal school.

G.H. a boy age 11 with left sided paresis after an accident when he was 3½. Treatment was from June 1960 until February 1961 after which he remained on maintenance treatment until his transfer to normal school.

One child was transferred to Wakefield Lodge Training Centre.

R.L. a girl age 8 with left hemiparesis who was too backward mentally to retain any progress physically obtained by physiotherapy; however, much all round perseverance was tried by all the staff at school.

**The Cerebral Palsy Unit**

During the year 2 girls and 1 boy were upgraded from the C.P. Unit into a class.

P.M. a boy age 7, suffering from left hemiparesis, excessive salivation and speech defect. He has improved greatly with physical co-ordination and performance, and his speech has become more intelligible since receiving speech therapy. He is a lively and happy boy.

B.S. a girl age 10, a very severely affected spastic quadriplegia, who has overcome enormous difficulties. She is now learning to use a typewriter, sits on a normal chair at a desk like other children in the class, and is ambulant and active.

L.I. a girl age 9 who is a paraplegia C.P. child. In November 1961 neurotomy was performed to stabilise her subluxated ankles. In January 1963 infiltration followed for the reduction of spasm in the peroneal muscles. She gets about in a walking frame and has no difficulty at all with her limbs, other than her legs.

Five new children were admitted to the Unit, 3 boys and 2 girls but one little girl, previously mentioned, was transferred to Training Centre. Only one little boy, of the new acceptances, was severely affected.

K.P. age just under 5. Poor head and neck control, listless and atonic. No speech and limited comprehension of even simple language. Appears apprehensive, but is very co-operative and affectionate. Will attempt to repeat a word if asked and can say "yes".

The other 2 new boys and 2 new girls are mildly affected physically. To date, the total number of children in the C.P. Unit is 7, 4 girls and 3 boys. This includes a little girl, E.D., age 7, who has remained in the unit. She is a very inco-ordinate little girl whose speech is severely affected. After walking plasters were removed some improvement took place, and shortly night splints will be applied for correction of her left leg, which has not been as successful as the right one. She can walk a few steps unaided and runs about easily in a walking frame.

*Other C.P. Cases*

C.S. a boy age 7 who is not yet at school. He receives home teaching but comes to the Avenue School for physiotherapy treatment. He has a history of convulsions which appear to be less frequent since treatment and training were introduced. He has made extremely good physical progress, still does not use speech for communication and requires a great deal of stimulation to enable progress to continue. His comprehension of language appears to be average or even above average at times.

*C.P. Cases in class*

D.W. a boy age 12. Surgical intervention was carried out by Mr. Squire for this boy's severely contracted knees, which has proved successful. He uses a walking machine quite well, can correct his posture in standing, and is developing nicely. Correct shoes and supports are to be supplied in the near future to enable him to control and counteract deformity produced by muscle imbalance when he is active.

N.P. a girl age 13. This severely affected athetoid child who also becomes totally deaf each time she contracts a cold, has been one of the pluckiest of handicapped children. Although unable to hold a pencil for writing, she is able to use a typewriter, however laboriously, feed herself without mess, and propel herself with great skill, by her feet, in her wheelchair. She enjoys taking a walk with me and is extremely active if placed on a mat on the floor. She has some skeletal deformity which is constantly kept mobilised to prevent joint contractures.

P.M. a boy age 10 with left hemiparesis and shortening of left leg. Recently an arthredesis was performed to stabilise the left wrist. At present he is in a special polythene splint. He is working very hard for the return of function to his fingers and thumb.

D.S. a boy age 10 with mild left hemiparesis and wrist drop, was operated on for wrist stabilisation by arthredesis. He has been supplied with a small thumb separator temporarily, and will be reviewed again by Mr. Squire at a later date.

J.S. an ataxic little girl of 10 with staccato speech, whose co-ordination and balance improved very much, is on maintenance treatment only. Recently she had several spells in hospital for correction of ptosis (left eyelid).

Cerebral palsy children who are not detailed in this report are now holding their own and are functionally proficient enough to "get by" in their daily living, with regular treatment or supervision as necessity dictates.

*Poliomyelitis Group*

All these cases without exception had contracted poliomyelitis when infants, so that by the time physiotherapy treatment was administered at school, all muscles not functioning would not recover. However, all weakened muscles due to disuse have, with the hard work of the children, made good improvement so that the exercise tolerance and posture of these children has made them more active and livelier, and in some cases helped with weight reduction.

P.B. a girl age 11. She received surgical intervention to the right leg twice. In August 1961 an oblique osteotomy to the tibia was performed and the following November lengthening of the tendo achilles followed. She has done very well since then. Walking is fairly good and mobility and spring in her activity is just beginning.

M.E. a partially hearing boy who was transferred from the George Palmer School's P.D.U. in 1961, now age 12, and was in a spinal brace for some time. This boy's brace was removed with hospital permission, and since then his severe scoliosis appears to have remained much the same. He has, since the restriction was removed, become quite active and much stronger. He is still awaiting the decision of the Surgeon at Oxford regarding spinal fusion.

R.M. Overweight boy age 13. For some time his weight increased but he is now losing steadily. Mobility and muscle strength have been maintained and he now does more sport.

G.W. a boy age 15, also overweight. Frail right leg shorter than left. Hands and arms were too weak to support body weight between bars. Can now hang from wall bars and do exercises. Still overweight but not gaining. He too is taking more interest in sport.

J.R. a boy age 14. Very frail and atrophied right leg. His left leg too has been affected, but not as severely as the right one, on which he wears a caliper. Both his feet are deformed. This boy is now very strong and active. His arms and upper trunk are strong enough to enable him to suspend horizontally from the wall bars, supporting his right frail leg on top of his less affected left one, holding this difficult position for quite some time !.

*Muscular Dystrophy*

R.R. a boy age 11. This sad case has been receiving hospital treatment for some time, as he is far too heavy for a single-handed physiotherapist to handle. More recently the hospital discharged him and so officially he is now on my

treatment list at school. He is confined to his special chair and palliative treatment is done, within a small group of other children, so that he can also "play" with them.

*Undiagnosed Encephalopathy*

P.S. a boy age 13, formerly attended school afternoons and now comes daily. He has severe spasm in feet and legs and was operated on to relieve his symptoms and contractures. This boy can now stand up and walk a few steps. He can walk quite a distance pushing a wheelchair. His speech has become slurred and sometimes quite indistinct. He receives treatment as for C.P. Still gets a lot of fun having a "rough and tumble" on the mat with one of the other boys.

*Dermatomyositis*

A.B. a boy age 12 who physically improved sufficiently to play some games with the other children and learned how to fall without damage to himself, has maintained his apparent improvement and increased ranges of movement. Unfortunately, however, there has been a long spell of absenteeism due to a return of fits.

**Respiratory Cases**

Two girls, mentioned earlier in this report, were transferred to normal school. The following two little girls are on daily treatment, postural drainage and percussion. Full expansion and expiration of all areas of the chest to preserve thoracic mobility and lung elasticity are taught, so that they can assist themselves at home without supervision at weekends. Relaxation is taught, which is essential, especially for the asthmatic child, and posture correction with breathing exercises are given. Exercise tolerance is built up with control of breathing after exertion.

D.L. age 9, history of asthma and a period of residence at Cold Ash Hospital. In addition to daily treatment at school, she receives hospital treatment three times weekly. Suffers from a severely deformed barrel shaped chest.

J.S. age 10, has also spent some time in residence at Cold Ash. She is a potential bronchiectatic, who produces sputum constantly, and although under hospital care, does not require additional treatment.

R.N. a boy age 15, suffering from asthma and eczema. He keeps fairly well unless some emotional upset occurs. He informed me that when he visited his own doctor on the last occasion he was told he no longer suffered from asthma. Both parents have suffered from "chest troubles" and on several occasions have been hospitalised.

P.W. age 10, is a boy from the E.S.N. School. He has been operated on for depression of sternum. Breathing exercises emphasising expansion in the area of operation is encouraged, and all other training is carried out as for other respiratory cases.

*Treatment for General Posture*

Where possible, posture cases are taken in small groups. With the ever increasing number of cases for treatment, this group receives less treatment time than other type of case. Within their limited time, exercises and activity are made as interesting as possible to encourage and challenge the children to remember their exercises and do them at home. When they reach a reasonable stage of proficiency, maintenance treatment is then introduced, and a watchful eye kept on their progress.

*Feet Deformities*

Are those as listed in the table of treatments.

**New Additions to Existing Equipment**

The Physiotherapy Department has been fortunate in obtaining the following aids:—

2 new walking machines
1 chair type weighing machine
1 typewriter

It now remains for me to close my report with renewed hope and optimism for the next year.

## THE SCHOOL DENTAL SERVICE

Mr. J. Campbell, L.D.S., R.C.S., reports:—

There has been only one Dental Officer, namely myself, for the major portion of the year, but since November, there has been a slight improvement. A part-time officer, working four sessions per week, commenced duty early in November and a full-time officer in December. This still leaves Tilehurst Clinic only being used one or two sessions per week.

The position of acquiring staff looks more hopeful at the moment as there have been several further inquiries.

Routine inspections have been done in 24 schools and the number of entrant infants inspected was 566. This is the-five-year old group and does not include children in the nursery classes. They are dealt with in the M. & C.W. section. Out of the 566 inspected, 269 or 49.5% required treatment in some form or other. This is rather a high percentage in children so young. Over all inspections, 52.2% were found to require treatment and of those approximately 51% accepted treatment.

I am sure this figure can be improved with more frequent inspections.

The attendance at Tilehurst Clinic continues to be high and I feel that this is an area which can be greatly developed.

*Dentures*

The number of dentures supplied is exactly the same as in 1961, namely thirteen. Repairs to dentures numbered six.

*Orthodontics*

This section has had to be restricted severely although we had many requests for this type of treatment. Eight new cases were commenced during the year. Two removable and six fixed appliances were fitted, with excellent results.

*Oral Hygiene*

All children attending for treatment are automatically referred to the Oral Hygienist. Children who do not require any treatment, but whose parents have signed an acceptance, are also called for periodic cleaning. A great many also attend voluntarily for this service.

During the year 1,785 children attended. Of these, 893 received further treatment and 892 required clean and polish only.

Seven patients attended from the Occupation Centre and five from Christ's Hospital, Blue Coat and St. Joseph's Convent.

The following tables supply details of treatment:—

| | | | | |
|---|---|---|---|---|
| (a) | (1) | No. of pupils inspected by Dental Officers: | | |
| | | Periodic | | 6,419 |
| | | Specials | | 777 |
| | | | Total | 7,196 |
| | (2) | Number found to require treatment | | 3,862 |
| | (3) | Number offered treatment | | 3,862 |
| | (4) | Number actually treated | | 1,971 |
| (b) | (1) | Number of attendances | | 4,158 |
| | (2) | Half-days devoted to: | | |
| | | Periodic Inspections | | 31 |
| | | Treatment | | 438 |
| | | | Total | 469 |
| | (3) | Fillings: | | |
| | | Permanent Teeth | | 2,310 |
| | | Temporary Teeth | | 343 |
| | | | | 2,653 |
| | (4) | Number of Teeth filled | | |
| | | Permanent Teeth | | 2,064 |
| | | Temporary Teeth | | 340 |
| | | | Total | 2,404 |
| | (5) | Extractions: | | |
| | | Permanent Teeth | | 356 |
| | | Temporary Teeth | | 896 |
| | | | Total | 1,252 |
| | (6) | Administration of General Anaesthetics | | 458 |
| | (7) | Number of Pupils supplied with dentures | | 13 |
| | (8) | Other operations: | | |
| | | Permanent Teeth | | 501 |
| | | Temporary Teeth | | 569 |
| | | | Total | 1,070 |
| (c) | Orthodontics | | | |
| | (1) | Number of attendances | | 171 |
| | (2) | Cases commenced in year | | 8 |
| | (3) | Cases brought forward from 1961 | | 34 |
| | (4) | Cases completed during year | | 13 |
| | (5) | Cases discontinued during year | | 7 |
| | (6) | Number of Pupils treated by means of appliances | | 8 |
| | (7) | Number of removable appliances fitted | | 2 |
| | (8) | Number of fixed appliances fitted | | 6 |

The following table details treatment given to scholarship pupils attending non-Council schools. Patients from the Occupation Centre have been included in this list.

| | No. Treated | No. Attend-ances | No. Extract-tions | No. Fillings | No. Anaesthe-tics | No. Discharged |
|---|---|---|---|---|---|---|
| Bluecoat School . . | 2 | 2 | — | 2 | — | 2 |
| Christ's Hospital . | 1 | 4 | — | 3 | — | 1 |
| St. Joseph's Convent . | 3 | 8 | 1 | 5 | 1 | 3 |
| Training Centre . . | 7 | 11 | 3 | 2 | 3 | 7 |

## INFECTIOUS DISEASES

### 1. Tuberculosis in Schoolchildren

Sixteen children, six boys and ten girls who attend maintained schools, were notified as cases of pulmonary tuberculosis in 1962. In ten cases there was definite family infection and in the other six there was no evidence to suppose that the infection was acquired at school.

### 2. B.G.G. Vaccination

The School Health Service has continued to participate in the scheme to assess the potency of batches of the British Freeze-dried B.C.G. vaccine now in use under the direction of Dr. K. Neville Irvine, to whom we are indebted for his advice and encouragement. During the year 845 children received B.C.G. This number is less than last year's figure of 1,542 because some children in the appropriate age group were left until 1963, when the staffing position in the School Health Service had improved.

*B.C.G. VACCINATIONS*—1962

| No. selected | No. accepted | % | Absent | Skin tested | Pos. | Neg. | Abs. | % Pos. | Received B.C.G. |
|---|---|---|---|---|---|---|---|---|---|
| * 1,315 | 1,044 | 79.39 | 83 | 961 | 73 | 845 | 43 | 7.95 | 845 |

* 13 year olds (i.e. those born in 1949 and including absentees from 1946, 1947 & 1948)

After consultation with Mr. Dimmick, Principal of Reading Technical College, it was decided to offer B.C.G. to those of his pupils who, for one reason or another, had not had B.C.G. prior to their admission to the college.

| Skin Tested | Pos. | % Pos. | Neg. | Received B.C.G. |
|---|---|---|---|---|
| 35 | 7 | 20 | 28 | 28 |

Though the figures are small it is perhaps significant that of the older pupils 20% were Heaf positive as opposed to 7.95% of the 13-year-olds.

### 3. Ringworm

During the year sixteen cases received treatment; three scalp and thirteen body infections. Although ringworm is still endemic in the Whitley area of the town, the numbers treated are less than last year.

### 4. Pediculosis

School nurses made 17,978 head inspections during the year and 228 pupils had evidence of infestation. This is an improvement over last year's figures. Cleansing notice was issued in only one case.

## DEATHS IN SCHOOL CHILDREN

During the year four Reading children of school age died; all were boys.

One boy died from injuries received when he was thrown down when holding on to a trolley bus, one died of bronco-pneumonia, one boy who had a congenital heart deformity died of heart failure and the fourth boy died of thrombosis of the major blood vessels to the brain.

## SPECIAL CLINICS

### 1. Minor Ailment Clinics

Eight hundred and eighty-four received treatment at these clinics from the S.M.O.s or school nurses. Six sprains and eleven suspected fractures were referred to the Casualty Department of Battle Hospital. The treatments given were mainly for cuts, bruises and minor skin sepsis. Those requiring further treatment, e.g. severe sepsis, were referred to their own family doctor.

When an S.M.O. attends regularly at a Minor Ailment Clinic special examination of pupils can be arranged at the request of parents, teachers or school nurse.

### 2. Remedial Exercises

For such conditions as poor posture and flat feet remedial exercises were supervised at Queen's Road and Whitley Clinics for 25 pupils.

### 3. Ultra-Violet Light Therapy

This is available at Queen's Road, Whitley, and Tilehurst Clinics. Four children received treatment on the recommendation of the S.M.O.

### 4. Chiropody Clinic

Miss Lockley reports as follows:—

During the past year 41 children have been referred to the Clinic for treatment. Thirteen cases of verruca pedis were successfully treated.

Once again the co-operation of parents in the treatment of younger children with minor deformities has been most helpful. Advice regarding footwear was taken very seriously, and every effort made to comply with recommendations. Unfortunately, parents seem to have little influence over teenagers in this respect, and the co-operation in these cases has been very disappointing.

5. **Enuresis Alarm.** There are now 9 of these alarms in use in the department. During the year 15 children were treated with them at the request of the S.M.O.s, the Hospital Paediatric Consultants and the Child Psychiatrist.

Good results were obtained in most cases.

The use of these alarms in selected cases is a very valuable aid in helping these children obtain nocturnal bladder control.

## REPORT OF THE SCHOOL MEALS ORGANISER FOR 1962

The percentage of children taking dinners at maintained schools in the Borough has continued to increase and reached 54.9% in October, 1962. The total number of meals served on a day in October was 11,288.

Two new canteens were opened during the year—the English Martyrs' Roman Catholic Primary School Canteen was built with a capacity of 200 meals and started cooking meals on the premises on the 22nd May, 1962. The meals have proved very popular at this school and 240 children are now taking them.

A new kitchen was also opened at Churchend Primary School, with a capacity of 150 meals. The Cook-Supervisor was trained under the Cadet Cook Training Scheme and is the first Cadet to undertake such a responsible post. This kitchen is now serving approximately 135 meals and is running very satisfactorily.

The children from Wilson Infants School took their dinners in a hired hall some short distance from the school. As the numbers increased, conditions became very unsatisfactory and overcrowded. A new servery has been built adjoining the school hall and since February 1962 meals have been taken in the hall. Dining facilities are now greatly improved.

The usual one-day Conference was arranged for the staff in April, 1962 and this was held at Southlands School. There was an excellent attendance of members. There were two cookery demonstrations, one on making sauces and gravies, and the other to illustrate good knife technique, and advice was given on how to deal with some of the day-to-day problems which arise in a kitchen.

Practically all kitchens in the Borough are supplying more meals than they were built to supply. The new kitchens which are planned, will be a most welcome addition to the School Meals Service..

Now that the Service has grown so much (30 canteen kitchens are in use) the provision of good staff for all these kitchens has become more difficult. The problem of finding good cooks is a very real one and it seems as if may become essential to try to plan some kind of training scheme in addition to the Cadet Cooks' and the courses at the Technical College.

## HEALTH EDUCATION, COURSES AND MEETINGS

The Organisers of Physical Education report:

Following the encouraging reception of our remarks on Outdoor Pursuit Centres in last year's Report, further investigations have been made. Elsewhere development has taken place on a large scale and Centres, broadly speaking, are of two types, residential and non-residential. The former are set up, often at considerable distances from the controlling authorities, in countryside suitable for such activities as hill-walking, climbing, etc., and to which children are sent for periods varying in length according to circumstances. Such centres are costly to develop and maintain, but looking ahead, there seems no reason to suppose that what has been done elsewhere cannot be done for Reading. The other type of Centre, the non-residential, is a much

more local enterprise and need not necessarily cost a great deal. It can be developed from small beginnings over a period of timed, its success depending largely on the enthusiasm and interest of its users. The Authority provides the opportunity and the basic requirements for the venture while the children provide the self-help and direct labour to ensure the development.

We have mentioned before that the most obvious development in Reading would seem to be such activities as sailing and canoeing. The problem is to find water suitable for children—private, quiet, safe and available. Exploration locally has proved that the last-mentioned is by far the greatest problem, our enquiries meeting with considerable scepticism from owners who are not readily convinced that school-children can be controlled and disciplined. Nevertheless our preliminary and tentative investigations have borne some fruit and we welcome the consent of the Committee to make further approaches on an official basis.

Confident that lack of finance has been the temporary deterrent to progress along these lines, and not sympathy with modern ideas, we have encouraged teachers in schools to carry out small pilot schemes. There has been no lack of willingness on their parts and we are indeed grateful for the enterprise they have shown in overcoming the lack of local facilities. The following efforts give some indication of what has taken place:

*Kendrick.* Golf has been included in the choice of activities offered to the girls in the upper forms, and through the Golf Foundation, two groups each of 12 girls have had a series of 10 lessons at Calcot Golf Club. All equipment was supplied at the Club and the instruction was given by the Professional. The cost per girl was 5/-.

*Westwood.* A party of second and third year girls, accompanied by two teachers, spent a week of the Easter vacation sailing near Ipswich. All equipment and instruction was provided by the Pinmill Sailing Company and the cost per child was £9 10s.

*E. P. Collier.* A group of 20 boys and girls, with four teachers, set up a school camp in the Forest of Dean at the end of the summer term. Hiking, educational visits and all the other enjoyments of living under canvas proved to be a wonderful experience for the children. The cost per child was £3.

In addition this school organised several one-day hiking trips during the year.

*Stoneham and Westwood.* As a preliminary venture in water activities groups of senior pupils from these schools were introduced to water skiing at Burghfield. Each pupil attended for six lessons and the instruction was given by volunteers from the local club. Boats, equipment and instruction were provided free of cost, the only charge being for the petrol used.

From such small beginnings it can be seen that there is a present demand for suitable facilities for outdoor pursuits and which, we hope, can be met to some extent by the Authority in the near future. It is our opinion that such activities should be possible in the school curriculum and that adequate facilities and instruction should be provided. It is our ultimate aim that young people will leave school all the more able and better equipped to enjoy their recreation in a healthy and knowledgeable manner.

Meanwhile the more traditional forms of physical education have continued satisfactorily during the year. The gradual replacement of older equipment with modern apparatus has been of considerable value and assistance to the specialist teachers in their work. The prospect of an indoor games hall for the new Alfred Sutton Boys' School has created a wave of interest in the town as is indicated by the fact that for the second year in succession this type of building will be a subject for discussion at the Teachers' Conference.

Again we draw attention to the possibilities of floodlighting playgrounds for evening use in the hope that a pilot scheme may be considered.

Two aspects of indoor work are worthy of special mention. Gymnastics as a sport for boys has been encouraged by the formation of a club to sponsor inter-school competition. Ballroom dancing would greatly benefit from more expert (professional) tuition.

### Swimming

The climax of the year's activities was surely the opening of the indoor learners' pool at Grovelands School. All those who have seen this bath have been impressed and full of praise for the collective efforts of the staff, parents, children and all others concerned. There can be no doubt that this bath will be equally successful from the educational viewpoint.

The facilities at all the other baths—and here we are pleased to acknowledge the hospitality extended by Queen Anne's School and St. Joseph's Convent—were fully utilised, and at the public baths the attendances recorded were 64,000, some 8,000 higher than the previous year's total. Even so, it is still not possible to meet the demands of all schools for periods at the baths, and that being so, it is all the more disappointing that there are no visible signs of the new bath at Bedford Road.

### Playing Fields

Shortage of labour is proving to be a problem in this area of full employment and it is difficult to visualise how this can be overcome with the present national scheme of wages and conditions for groundsmen as they affect local authorities. The future outlook is not a happy one especially as it will be necessary to appoint additional staff as from April 1963 for the following new fields—Oliver Dixon, Caversham Primary, Manor, St. Michael's, St. Anne's, English Martyrs, and Churchend.

Meanwhile the efforts of the ground staff to maintain our fields at their former high standard are not unnoticed and we acknowledge their efforts on behalf of the children.

### Courses

Training courses have been held in various games, dancing, physical training and swimming, and we are grateful to those teachers who gave up time out of school hours to attend. The results of this additional training are reflected in the improved standards in their schools in these particular activities.

In concluding our Report, we wish to acknowledge the support and encouragement we have received from the Committee and to thank the voluntary organisations and teachers who, directly and indirectly, have contributed to our past year's work.

## ROAD ACCIDENTS

We are indebted to Mr. A. Iveson, the Chief Constable, for the figures on which the following comments are based:—

The one fatal accident was a boy, aged seven, who died of multiple injuries caused by being thrown down when holding on to a trolley bus in motion.

There has again been a slight increase in the total number of accidents: from 96 in 1961 to 111 in 1962. The sex ratio is of the same order as in previous years, i.e., two boys to one girl.

Unfortunately, again in 1962 the number of accidents to child cyclists exceeds the number of accidents to pedestrians. Last year this situation was reversed and it

was hoped that the number of accidents to child cyclists would continue to decline. It hasn't

*Analysis of Road Accidents for the year* 1962
*involving Children of School Age.*

| Month | Boys | Girls | Cyclists | Pedestrians | Passengers | Injury | | | Total |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Slight | Serious | Fatal | |
| January | 4 | 2 | 2 | 2 | 2 | 2 | 4 | – | 6 |
| February | 3 | 4 | 2 | 5 | – | 4 | 3 | – | 7 |
| March | 5 | 5 | 3 | 5 | 2 | 9 | 1 | – | 10 |
| April | 4 | 4 | 3 | 4 | 1 | 8 | – | – | 8 |
| May | 17 | 4 | 10 | 11 | – | 17 | 4 | – | 21 |
| June | 4 | 4 | 6 | 2 | – | 7 | 1 | – | 8 |
| July | 8 | 2 | 5 | 5 | – | 8 | 2 | – | 10 |
| August | 2 | 1 | 3 | – | – | 3 | – | – | 3 |
| September | 10 | 4 | 6 | 8 | – | 11 | 2 | 1 | 14 |
| October | 11 | 3 | 7 | 5 | 2 | 10 | 4 | – | 14 |
| November | 3 | – | 3 | – | – | 3 | – | – | 3 |
| December | 3 | 4 | 5 | 1 | 1 | 6 | 1 | – | 7 |
| Totals | 74 | 37 | 55 | 48 | 8 | 88 | 22 | 1 | 111 |

## STATISTICAL DATA

### PART I

Medical Inspection of pupils attending maintained and assisted Primary and Secondary Schools (including Nursery and Special Schools).

### (*A*) Periodic Medical Inspections

| Age Groups Inspected (By year of birth) | No. of Pupils Inspected | Physical Condition of Pupils Inspected | | | |
|---|---|---|---|---|---|
| | | SATISFACTORY | | UNSATISFACTORY | |
| | | No. | % of Col. 2 | No. | % of Col. 2 |
| (1) | (2) | (3) | (4) | (5) | (6) |
| 1958 and later | 195 | 195 | 100 | — | — |
| 1957 | 755 | 755 | 100 | — | — |
| 1956 | 803 | 803 | 100 | — | — |
| 1955 | 105 | 105 | 100 | — | — |
| 1954 | 289 | 289 | 100 | — | — |
| 1953 | 108 | 108 | 100 | — | — |
| 1952 | 81 | 80 | 98.76 | 1 | 1.23 |
| 1951 | 420 | 420 | 100 | — | — |
| 1950 | 840 | 839 | 99.88 | 1 | .11 |
| 1949 | 165 | 165 | 100 | — | — |
| 1948 | 385 | 385 | 100 | — | — |
| 1947 and earlier | 1187 | 1187 | 100 | — | — |
| Total | 5333 | 5331 | 99.96 | 2 | .03 |

### (*B*) Pupils found to require treatment at Periodic Medical Inspections

| Age Groups Inspected (By year of birth) | For defective vision (excluding squint) | For any of the other conditions recorded in Part II | Total individual pupils |
|---|---|---|---|
| 1958 and later | 3 | 24 | 17 |
| 1957 | 31 | 86 | 101 |
| 1956 | 40 | 103 | 123 |
| 1955 | 4 | 37 | 23 |
| 1954 | 24 | 35 | 49 |
| 1953 | 11 | 29 | 29 |
| 1952 | 5 | 27 | 22 |
| 1951 | 33 | 42 | 63 |
| 1950 | 64 | 100 | 139 |
| 1949 | 20 | 20 | 28 |
| 1948 | 51 | 31 | 78 |
| 1947 and earlier | 97 | 102 | 183 |
| Total | 383 | 636 | 855 |

### (*C*) Other Inspections

| | |
|---|---|
| Number of Special Inspections ... ... ... | 92 |
| Number of Re-inspections ... ... ... ... | 1025 |
| Total | 1117 |

### (*D*) Infestation with Vermin

| | | |
|---|---|---|
| (*a*) | Total number of individual examinations of pupils in schools by school nurses or other authorised persons ... ... ... | 17,978 |
| (*b*) | Total number of individual pupils found to be infested ... ... | 228 |
| (*c*) | Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) ... ... ... | 1 |
| (*d*) | Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944) ... ... ... | — |

## PART II

Defects found by Medical Inspection during the year.

### (*A*) Periodic Inspections

| Defect or Disease | PERIODIC INSPECTIONS | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Entrants | | Leavers | | Others | | Total | |
| | (T) | (O) | (T) | (O) | (T) | (O) | (T) | (O) |
| Skin ... ... ... ... ... | 29 | 33 | 39 | 74 | 45 | 89 | 113 | 196 |
| Eyes—*a*. Vision ... ... ... | 94 | 58 | 129 | 58 | 160 | 59 | 383 | 175 |
| *b*. Squint ... ... ... | 29 | 16 | 14 | 5 | 32 | 11 | 75 | 32 |
| *c*. Other ... ... ... | 2 | 3 | 2 | 7 | 2 | 3 | 6 | 13 |
| Ears—*a*. Hearing ... ... ... | 10 | 54 | — | 9 | 28 | 51 | 38 | 114 |
| *b*. Otitis Media ... ... | 14 | 30 | 7 | 14 | 10 | 35 | 31 | 79 |
| *c*. Other ... ... ... | 2 | 6 | 1 | 8 | 7 | 31 | 10 | 45 |
| Nose and Throat ... ... ... | 53 | 130 | 6 | 9 | 23 | 68 | 82 | 207 |
| Speech... ... ... ... ... | 19 | 32 | 4 | 2 | 20 | 26 | 43 | 60 |
| Lymphatic Glands ... ... ... | 2 | 27 | — | — | 3 | 20 | 5 | 47 |
| Heart ... ... ... ... | — | 13 | — | 8 | 3 | 22 | 3 | 43 |
| Lungs ... ... ... ... ... | 11 | 27 | 5 | 15 | 12 | 32 | 28 | 74 |
| Developmental—*a*. Hernia... ... | 2 | 3 | — | — | 4 | 6 | 6 | 9 |
| *b*. Other ... ... | 3 | 23 | 2 | 11 | 16 | 38 | 21 | 72 |
| Orthopaedic—*a*. Posture ... ... | 4 | 6 | 13 | 5 | 29 | 36 | 46 | 47 |
| *b*. Feet ... ... | 17 | 32 | 5 | 3 | 24 | 31 | 46 | 66 |
| *c*. Other ... ... | 5 | 28 | 12 | 24 | 37 | 48 | 54 | 100 |
| Nervous System—*a*. Epilepsy ... | 1 | 3 | — | — | 5 | 9 | 6 | 12 |
| *b*. Other... ... | 2 | 5 | 1 | 4 | 1 | 6 | 4 | 15 |
| Psychological—*a*. Development ... | 1 | 15 | 1 | 9 | 6 | 89 | 8 | 113 |
| *b*. Stability ... | 4 | 25 | — | 8 | 1 | 47 | 5 | 80 |
| Abdomen ... ... ... ... | 2 | 15 | 1 | — | — | 8 | 3 | 23 |
| Other ... ... ... ... ... | 2 | 4 | — | — | 1 | 2 | 3 | 6 |

(T) = Treatment (O) = Observation

### (*B*) Special Inspections

| Defect or Disease | SPECIAL INSPECTIONS | |
|---|---|---|
| | Pupils requiring Treatment | Pupils requiring Observation |
| Skin ... ... ... ... ... ... | — | — |
| Eyes—*a*. Vision ... ... ... ... | 1 | — |
| *b*. Squint ... ... ... ... | — | — |
| *c*. Other ... ... ... ... | 1 | — |
| Ears—*a*. Hearing ... ... ... ... | 1 | 1 |
| *b*. Otitis Media ... ... ... | — | — |
| *c*. Other ... ... ... ... | — | — |
| Nose and Throat ... ... ... ... | — | — |
| Speech ... ... ... ... ... | 3 | — |
| Lymphatic Glands ... ... ... ... | — | — |
| Heart ... ... ... ... ... ... | — | 1 |
| Lungs ... ... ... ... ... ... | — | 1 |
| Developmental—*a*. Hernia... ... ... | — | — |
| *b*. Other ... ... ... | — | 1 |
| Orthopaedic—*a*. Posture ... ... ... | — | 1 |
| *b*. Feet ... ... ... | — | — |
| *c*. Other ... ... ... | — | 1 |
| Nervous System—*a*. Epilepsy ... ... | 1 | — |
| *b*. Other ... ... | — | — |
| Psychological—*a*. Development ... | — | — |
| *b*. Stability ... ... | — | — |
| Abdomen ... ... ... ... ... | — | — |
| Other ... ... ... ... ... ... | — | 3 |

## PART III

Treatment of pupils attending maintained and assisted Primary and Secondary Schools (including Nursery and Special Schools)

### (*A*) Eye Diseases, Defective Vision and Squint

| | Number of cases known to have been dealt with |
|---|---|
| External and other, excluding errors of refraction and squint | 7 |
| Errors of refraction (including squint) ... ... ... | 923 |
| Total | 930 |
| Number of pupils for whom spectacles were prescribed ... | 445 |

## (B) Diseases and Defects of Ear, Nose and Throat

| | Number of cases known to have been dealt with |
|---|---|
| Received operative treatment:— | |
| (a) for diseases of the ear ... ... ... ... | 23 |
| (b) for adenoids and chronic tonsillitis ... ... | 440 |
| (c) for other nose and throat conditions ... ... | 16 |
| Received other forms of treatment ... ... ... | 27 |
| Total | 506 |
| Total number of pupils in schools who are known to have been provided with hearing aids:- | |
| (a) In 1962 ... ... ... ... ... ... | 11 |
| (b) In previous years ... ... ... ... ... | 67 |

## (C) Orthopaedic and Postural Defects

| | Number of cases known to have been treated |
|---|---|
| (a) Pupils treated at clinics or out-patients departments ... | 20 |
| (b) Pupils treated at school for postural defects ... ... | 5 |
| Total | 25 |

## (D) Diseases of the Skin

| | Number of cases known to have been treated |
|---|---|
| Ringworm—(a) Scalp ... ... ... ... ... | 3 |
| (b) Body ... ... ... ... ... | 13 |
| Scabies ... ... ... ... ... ... ... ... | 14 |
| Impetigo ... ... ... ... ... ... ... ... | 33 |
| Other skin diseases ... ... ... ... ... ... | 271 |
| Total | 334 |

## (E) Child Guidance Treatment

| | Number of cases known to have been treated |
|---|---|
| Pupils treated at Child Guidance Clinics ... ... ... | 170 |

## (F) Speech Therapy

| | Number of cases known to have been treated |
|---|---|
| Pupils treated by speech therapists ... ... ... ... | 268 |

## (G) Other Treatment Given

| | | Number of cases known to have been treated |
|---|---|---|
| (a) | Pupils with minor ailments ... ... ... ... | 867 |
| (b) | Pupils who received convalescent treatment under School Health Service arrangements ... ... ... | 4 |
| (c) | Pupils who received B.C.G. vaccination ... ... | 845 |
| (d) | Pupilswho received U.V.L. therapy ... ... ... | 4 |
| | treatment for Sprains } Referred to Hospital ... | 6 |
| | ? Fractures } | 11 |
| | Total | 1737 |

## Cases of Infectious Disease in School and Pre-School Children for the year 1962

| Disease | At All Ages | Under 1 year | 1 and under 3 years | 3 and under 5 years | 5 and under 10 years | 10 and under 15 years |
|---|---|---|---|---|---|---|
| Scarlet Fever... ... ... ... | 27 | – | 3 | 7 | 13 | 4 |
| Whooping Cough ... ... ... | 4 | – | 3 | 1 | – | – |
| Measles ... ... ... ... | 356 | 10 | 87 | 91 | 157 | 11 |
| Acute Pneumonia (Primary or Influenzal) ... | 1 | – | 1 | – | – | – |
| Acute Poliomyelitis (Paralytic) ... | – | – | – | – | – | – |
| Acute Poliomyelitis (Non-Paralytic) ... ... | – | – | – | – | – | – |
| Diphtheria ... ... ... ... | – | – | – | – | – | – |
| Paratyphoid ... ... ... | – | – | – | – | – | – |
| Enteric or Typhoid Fever (excluding Paratyphoid) ... | – | – | – | – | – | – |
| Food Poisoning ... ... ... | 1 | – | – | – | – | 1 |
| Erysipelas ... ... ... ... | – | – | – | – | – | – |
| Dysentery ... ... ... ... | 7 | 1 | 1 | 2 | 3 | – |
| Meningococcal Infection ... ... | – | – | – | – | – | – |
| Acute Encephalitis (Infective) ... | – | – | – | – | – | – |
| Acute Encephalitis (Post-Infectious) ... ... | – | – | – | – | – | – |
| Totals | 396 | 11 | 95 | 101 | 173 | 16 |

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